

CRITERIA FOR PRIOR AUTHORIZATION

Eylea® (aflibercept)

PROVIDER GROUP Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Aflibercept (Eylea)

CRITERIA FOR PRIOR AUTHORIZATION FOR AFLIBERCEPT: (must meet all of the following)

- Patient must be 18 years of age or older
- Patient must have one of the following:
 - Neovascular (wet) age-related macular degeneration (AMD)
 - Macular edema following central retinal vein occlusion (RVO)
 - Diabetic macular edema (DME)
 - Diabetic retinopathy (DR) in patients with DME
- Patient must not have an active ocular or periocular infection
- Must be prescribed and administered by an ophthalmologist

LENGTH OF APPROVAL: 12 months